ECS Configuration Change Request				Page 1 of			Page(s)	
1. Originator	2. Log Date:	3. CCR #:	4.	Rev:	5. Tel;	6. Rm #:		
Joan H. Schessler	31 Jul 01	0 00-0	. 286		301.925.0426	2080C	SED	
8. CCR Title: Update VDE	3 to Align with (RD Require	ements in ECS to	SCF ICD			(		
9. Originator Signature		<del>-</del>	10. Clas	s 1	1. Type:	12. Need Da	te: 8/7/00	
Joan & Schussler 7/31/00			II	CCR		1	<b></b>	
13. Office Manager Signature/Date  Valeur Maclin 7/31/00			14. Category of Change: VDB		Change:	15. Priority: (If "Emergency" fill in Block 28). Routine		
16. Documentation/Draw N/A	ings Impacted:		7. Schedu mpact: N/A	le	18. Cl(s) At			
19. Release Affected by	this Change:	20. Date due		er: 2	1. Estimated C		<del></del> · .	
N/A					None - Under 100K			
22. Source Reference: ECS to SCF ICD	□NCR (attach) □A	ction Item 🖾	Tech Ref.	GSF	C Other:			
24. Proposed Solution: (1) Add, Modify and delete Not SDPS". (3) Complete/between Special Products 25. Alternate Solution: (1)	IRD requirements per app correct some other Release requirements and L4s bed	proved SCF (CD, se entries. (4) Cu cause all Special	ıt links betw	een "N	ot SDPS" requir	emente and LA	lo (E) Out links	
26. Consequences if Cha /erification/Validation proce	inge(s) are not approved ess impact	l: (use addition	al sheets if	neces	sary)		<del>-</del>	
27. Justification for Emer	gency (If Block 15 is "E	mergency"):		_				
28. Site(s) Affected:	EDF PVC VATC	☐EDC ☐	GSFC □I	aRC	□NSIDC □	SMC ∐AK	□JPL	
29. Board Comments:		Omer_	3	0. Wo	rk Assigned To	: 31. CCR (	Closed Date:	
					•		<del> </del>	
2 CEDE/CODY COO Chair			1					
SA EDEVOCUA CAD CUBIL	(Sign/Date):	)isposition: Ani	proved An	n/Com	Disapproved	Mithetens "	WEODIO FEE	
Burn V To Texa	(Sign/Date):	<u> </u>	-	p/Com.	Disapproved	Vithdraw Fw	rd/ESDIS ERB	
Bym V Vites	819100	Fw	d/ECS					
Bym V Vites	819100	Fw.	d/ECS proved App			Withdraw Fw		
Buyun V V Just 3. M&O CCB Chair (Sign	8 9 00 /Date): E	Fw Pisposition: App Fw	d/ECS proved App d/ECS	o/Com.	Disapproved	Withdraw Fw	d/ESDIS ERB	
12 ECS CCB Chair (Sign/	8 9 00 /Date): E	Fw. Pisposition: App Fw. Sposition: App	d/ECS proved App d/ECS	o/Com.	Disapproved		d/ESDIS ERB	

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